

**METHOD OF PAYMENT** (check all that apply)

☐ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account    Deposit Account Number: 04-1105    Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

Fee Description	Fee (\$)	Fee (\$)
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Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

<u><b>Total Claims</b></u>	<u><b>Extra Claims</b></u>	<u><b>Fee (\$)</b></u>	<u><b>Fee Paid (\$)</b></u>	
_____ - or HP = _____	_____ x _____	_____	_____	
HP = highest number of total claims paid for, if greater than 20.				
<u><b>Indep. Claims</b></u>	<u><b>Extra Claims</b></u>	<u><b>Fee (\$)</b></u>	<u><b>Fee Paid (\$)</b></u>	
_____ - or HP = _____	_____ x _____	_____	_____	
HP = highest number of independent claims paid for, if greater than 3.				

<u><b>Multiple Dependent Claims</b></u>	
<u><b>Fee (\$)</b></u>	<u><b>Fee Paid (\$)</b></u>
_____	_____

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer

listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	/50 = _____	(round <b>up</b> to a whole number) x _____	= _____	

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):	<u>1806 Submission of an Information Disclosure Statement</u>	<u>180.00</u>
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Signature	/Amy DeCloux/	Registration No.	54,849	Telephone	(617) 239-0294
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Name (Print/Type)	Amy DeCloux	Date	June 5, 2009
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